



DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES

STATE OF MONTANA

CHANGE OF REGISTRATION / LICENSE  
CHECKLIST

**PLEASE ATTACH:**

\_\_\_\_\_ **Change of Status Application** (DPHHS-QAD/CCL-040)

- ❖ Must be completed in full, signed, dated, and notarized

\_\_\_\_\_ **Insurance Verification Form** (DPHHS-QAD/CCL-50A)

- ❖ Must be completed and signed by Insurance Agent

\_\_\_\_\_ Current Public Liability Insurance

\_\_\_\_\_ Current Fire Insurance

\_\_\_\_\_ **Floor Plan / Square Footage Report** (DPHHS-QAD/CCL-045C)

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If Changing from Family to Group or Group to Center, please remember that you must have the appropriate number of caregivers. New caregivers must submit the following:

- ❖ **Employee Cover Sheet** (DPHHS-QAD/CCL-020)

- ❖ **Release of information** (DPHHS-QAD/CCL-20A)

- must be completed in full, signed, dated, and notarized

- ❖ **Statement of Health Form** (DPHHS-QAD/CCL-20B) (must be signed and dated)

- ❖ **Immunization Records**

- Measles Mumps Rubella (copy of Rubella Titer only if born prior to 1957)
- Tetanus Diphtheria (w/in last 10 years)

- ❖ **CURRENT Adult, Infant, & Child CPR Card** (check for current dates) (**Copies – front & back**)

- CPR / First Aid Courses must be hands-on

- ❖ **CURRENT First Aid Card** (check for current dates) (**Copies – front & back**)

- CPR / First Aid Courses must be hands-on
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**Return completed change of status packet to your licensing worker.**